

have given appropriate treatment earlier because of the persistently high titre. Early adequate treatment might have permitted continuation of antileukaemia maintenance that might have prevented the subsequent marrow relapse that resulted in her death.

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Correspondence to Dr EN Thompson, Department of Child Health, Llandough Hospital, Penarth, South Glamorgan CF6 1XX.

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Giving assessment reports to parents

H McCONACHIE, S LINGAM, B STIFF, AND K S HOLT

Wolfson Centre, Institute of Child Health, London

SUMMARY Reactions of 25 parents to receiving copies of written reports concerning developmental assessment of their children were assessed. All parents wanted to have a written report.

The implementation of the 1981 Education Act has meant that parents now receive a copy of all the assessment documents that contribute toward a statement of their child's special educational needs. Parents also have a right to contribute written evidence of their own about the child. They thus need full information about their child's development.

At the Wolfson Centre children with complex developmental problems are assessed by a multidisciplinary team. After the assessment a full discussion of findings is held with the parents by members of the team. A report is then sent to the referring doctor, and with parent's permission, a copy to other relevant professionals. In general, the practice has been to give a copy of the report to parents only when they request it.

The advantages and possible difficulties of giving a written assessment report to the parents of children with developmental problems have been discussed previously.^{1,2} It has been found that written reports are popular with parents. Similar positive responses have been found when general medical patients have been given copies of hospital

clinic letters sent to the general practitioner.³ In the light of these experiences it was decided to conduct a small evaluation study of routinely sending written assessment reports to parents.

Subjects and methods

Twenty five children seen consecutively by one of the paediatricians (SL) were included. The children's mean age was 5 years 8 months (range 7 months to 11 years 6 months). Their primary diagnostic categories included delayed development (8 children), cerebral palsy (6), speech or language disorder, or both (5), educational difficulties (4), and hyperactivity (2). Most presented a complex picture of disability.

Parents received the same report as was sent to professionals. For 10 children the assessment was conducted primarily by the paediatrician and the report prepared by him alone. For four children the report was written jointly by the paediatrician and a therapist, and for 11 others the paediatrician and the psychologist or therapist, or both, wrote reports separately. In all cases the professional knew the report would be sent to the parents.

Parents were interviewed about their reactions to the report(s), by either HM on the telephone, or the child's health visitor (six cases). Questions were asked about how comprehensible and useful the reports seemed, and also whether they reflected accurately what the parents remembered of the

assessment and discussion (seven point ratings). In addition, parents were asked if any technical terms had not been understood, and how the reports could have been improved. The interviews concentrated on reactions to the reports, as distinct from the assessment or the discussion with staff.

Results

No parents refused to participate. Their reactions to receiving reports were overwhelmingly positive. Only three parents gave any ratings below the midpoint (two rated the report as difficult to understand, and one said it was not useful). Eleven mentioned one or more technical terms that they had not known. Only five, however, expressed any anxiety concerning this, and several said they had asked their health visitor or family doctor to explain. Another five parents made more specific critical comments—for example, pointed out minor differences of opinion or stated that the report concentrated too much on what the child could not do.

The 15 completely positive reactions were compared with the 10 parents who had raised any sort of concern or criticism, however mild, on a number of indices, such as age of child, first versus review visit, mode of interview, etc. No significant relations were found (χ^2 or Fisher's test). Two non-significant trends were noted, which may have some validity in this sample. Parents of younger children tended to be more critical than parents of older children. Parents of children with mild to moderate intellectual disability tended to be more critical than parents of children who either were in the average range or had severe or profound intellectual disability. There was no relation between positive reactions and current clarity of definition of the child's problems. Parents' comments on the usefulness of the report are shown in the table.

Discussion

Any conclusions from this small study must neces-

Table Parents' comments on usefulness of written reports

Categories	Frequency
1 Jogs memory—too anxious at the time to take all in	11
2 Can look back and read again in future and see progress made	8
3 Can 'mull over' what has been said	5
4 Can discuss with husband and family	5
5 Can discuss with professionals	5
6 Outside view, different angle, helps you to stand back and pinpoint areas where child needs help	5

sarily be tentative; however, they parallel conclusions of previous articles. Firstly, reports are popular with parents. Secondly, parents of older children—that is, those who may have had longer to think about and accept the nature of the child's disability—tend to be more positive. Thirdly, technical terms require explanation, either in the body of the report itself, or by encouraging parents to discuss the report fully with the relevant professionals. Fourthly, as was also found in the Warwick evaluation,² numerical results of assessments can be sent to parents, suitably presented and discussed, without raising alarm.

A number of professionals, particularly doctors, have strong reservations about sending written reports of complex assessments to parents. Many reservations are justified, but may imply the need for an alteration in procedure rather than not sending a report. For example, where a professional needs to make additional points to a colleague (for example, raising the question of a possible diagnosis more severe in its implications than those already suggested), a covering letter can be sent with the report. Discussion of the assessment with the parents is valuable in itself and aids understanding of the report.

It is relevant to consider circumstances in which a written report may be unhelpful. For example, where a very young child with multiple impairments comes for initial assessment the clinical role of the assessment team includes finding ways gently to impart information to parents and to help them assimilate it. A written report may be premature, whereas helpful suggestions concerning treatment based on shared observations may be better received. As parents become aware of the extent of the child's disabilities, and educational services begin to be involved, written reports will then become appropriate.

Thus, with reservations about particular circumstances, it seems that giving assessment reports to parents has clear benefits. It helps parents to recall in detail information and professional opinion about their disabled child over time. It aids discussion with professionals as it is clear to all what information has been shared with parents.

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Correspondence to Dr H McConachie, Wolfson Centre, Institute of Child Health, Mecklenburgh Square, London WC1N 2AP.

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